

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/700397

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		3				
7		3				
8		1				
9		2				
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TOTAL IND.	1					
TOTAL DEP.	1	1	1	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						